

April 14, 2006

DHS HCO 06-6291

Mr. Jerry D. Stanger, Chief  
California Department of Health Services  
Payment Systems Division  
MS 4700  
P.O. Box 997413  
Sacramento, CA 95899-7413

**SUBJECT: APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN  
– Medical and Dental – Effective 4/1/06**

**EXEMPTIONS SUMMARY  
– Medical and Dental – Effective 4/1/06**

Reference: CA HCO Contract #01-15932 Section 3.10.5.2.3 (7)  
DHS-HCO #02-1633  
H #0802-0650

Dear Mr. Stanger:

The purpose of this letter is to provide Department of Health Services with the reports listed below.

- ☐ MSC-B-M27 – Approved Emergency Disenrollments by Reason and Plan – Medical
- ☐ MSC-B-M27D – Approved Emergency Disenrollments by Reason and Plan – Dental
- ☐ MSC-B-M29 – Medical Exemptions Summary
- ☐ MSC-B-M29D – Dental Exemptions Summary

If you have any questions regarding this report, please contact Harry Gill at (916) 364-6620.

Sincerely,

**Signature on Original Copy**

Benjamin R. Coss  
Project Director  
California Health Care Options

cc: Reports File  
Admin File – ID #1235

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**MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN**  
**ALL ACCEPTED MEDICAL EDERS**  
 From 2/23/2006 - 3/24/2006

**MAXIMUS**

2 PLAN & GMC COUNTIES																											
COUNTY	PLAN NAME	REASONS																									
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL <sup>1</sup>
ALAMEDA	ALAMEDA ALLIANCE	0	2	0	0	22	3	0	0	5	0	0	86	2	20	0	0	0	0	0	0	0	0	0	0	0	140
	BLUE CROSS	0	1	0	0	12	3	0	0	1	0	0	10	3	2	0	0	0	0	0	0	0	0	0	0	0	32
	COUNTY TOTAL	0	3	0	0	34	6	0	0	6	0	0	96	5	22	0	0	0	0	0	0	0	0	0	0	0	172
CONTRA COSTA	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	CONTRA COSTA HEALTH	0	0	1	0	0	2	0	0	3	0	1	36	0	4	0	0	0	0	0	0	0	0	0	0	0	47
	COUNTY TOTAL	0	0	1	0	0	2	0	0	3	0	1	38	0	4	0	0	0	0	0	0	0	0	0	0	0	49
FRESNO	BLUE CROSS	0	0	0	0	0	40	0	0	0	0	2	7	0	0	0	0	0	0	0	0	0	0	0	0	0	49
	HEALTH NET	0	0	0	0	0	8	0	0	0	0	1	18	1	7	0	0	0	0	0	0	0	0	0	0	0	35
	COUNTY TOTAL	0	0	0	0	0	48	0	0	0	0	3	25	1	7	0	0	0	0	0	0	0	0	0	0	0	84
KERN	HEALTH NET	0	0	0	0	0	14	0	0	2	0	1	29	3	22	0	0	0	0	0	0	0	0	0	0	0	71
	KERN FAMILY HEALTH	2	0	0	0	0	42	0	0	3	0	1	94	0	4	0	0	0	0	0	0	0	0	0	0	0	146
	COUNTY TOTAL	2	0	0	0	0	56	0	0	5	0	2	123	3	26	0	0	0	0	0	0	0	0	0	0	0	217
LOS ANGELES	HEALTH NET	1	11	2	0	0	206	0	0	12	0	4	413	80	292	0	0	0	0	0	0	0	0	0	0	10	1,031
	LA CARE	2	23	1	0	2	365	4	0	6	0	8	264	67	31	0	0	0	0	0	0	0	0	0	0	11	784
	COUNTY TOTAL	3	34	3	0	2	571	4	0	18	0	12	677	147	323	0	0	0	0	0	0	0	0	0	0	21	1,815
RIVERSIDE	INLAND EMPIRE HEALTH	0	2	0	0	0	35	0	0	4	0	1	56	4	6	0	0	0	0	0	0	0	0	0	0	0	108
	MOLINA	0	0	1	0	0	32	0	0	1	0	1	17	4	3	0	0	0	0	0	0	0	0	0	0	0	59
	COUNTY TOTAL	0	2	1	0	0	67	0	0	5	0	2	73	8	9	0	0	0	0	0	0	0	0	0	0	0	167
SACRAMENTO	BLUE CROSS (190 PLAN)	0	6	0	0	0	43	0	0	0	0	4	16	1	0	0	0	0	0	0	0	0	0	0	0	1	71
	CARE FIRST	0	0	0	0	0	1	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	4
	HEALTH NET	0	1	0	0	0	10	0	0	0	0	1	22	1	10	0	0	0	0	0	0	0	0	0	0	0	45
	KAISER	0	1	0	0	0	3	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	6
	MOLINA	0	1	0	0	0	19	0	0	0	0	0	13	0	2	0	0	0	0	0	0	0	0	0	0	0	35
	WESTERN ADVANTAGE	0	0	0	0	0	7	0	0	1	0	7	5	0	1	0	0	0	0	0	0	0	0	0	0	0	21
	COUNTY TOTAL	0	9	0	0	0	83	0	0	1	0	12	57	6	13	0	0	0	0	0	0	0	0	0	0	1	182
SAN BERNARDINO	INLAND EMPIRE	0	2	1	0	0	29	3	0	3	0	0	113	4	20	0	0	0	0	0	0	0	0	0	0	2	177
	MOLINA	0	1	0	0	0	17	0	0	0	0	0	44	5	6	0	0	0	0	0	0	0	0	0	0	2	75
	COUNTY TOTAL	0	3	1	0	0	46	3	0	3	0	0	157	9	26	0	0	0	0	0	0	0	0	0	0	4	252
SAN DIEGO	BLUE CROSS	0	1	0	0	0	10	2	0	0	0	2	2	0	1	0	0	0	0	0	0	0	0	0	0	0	18
	CARE FIRST	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4
	COMMUNITY HEALTH	0	3	0	0	0	16	0	0	0	0	3	38	1	12	0	0	0	0	0	0	0	0	0	0	0	73
	HEALTH NET	0	2	0	0	0	17	0	0	1	0	0	17	3	23	0	0	0	0	0	0	0	0	0	0	1	64
	KAISER	0	2	0	0	0	2	0	0	0	0	1	3	1	1	0	0	0	0	0	0	0	0	0	0	0	10
	MOLINA	0	3	0	0	0	18	0	0	1	0	0	26	2	3	0	0	0	0	0	0	0	0	0	0	2	55
	COUNTY TOTAL	0	12	0	0	0	65	2	0	2	0	6	86	7	40	0	0	0	0	0	0	0	0	0	0	4	224
SAN FRANCISCO	BLUE CROSS	0	0	1	0	0	1	0	0	0	0	0	1	0	4	0	0	0	0	0	0	0	0	0	0	0	7
	SAN FRANCISCO HLTH	0	1	0	0	0	2	0	0	0	0	0	19	1	3	0	0	0	0	0	0	0	0	0	0	0	26
	COUNTY TOTAL	0	1	1	0	0	3	0	0	0	0	0	20	1	7	0	0	0	0	0	0	0	0	0	0	0	33
SAN JOAQUIN	BLUE CROSS	0	1	0	0	4	0	0	0	0	0	1	7	2	1	0	0	0	0	0	0	0	0	0	0	0	16
	SAN JOAQUIN HEALTH	0	0	0	0	27	4	0	0	2	0	1	29	0	1	0	0	0	0	0	0	0	0	0	0	0	64
	COUNTY TOTAL	0	1	0	0	31	4	0	0	2	0	2	36	2	2	0	0	0	0	0	0	0	0	0	0	0	80
SANTA CLARA	BLUE CROSS	0	0	0	0	0	11	0	0	1	0	1	15	2	1	0	0	0	0	0	0	0	0	0	0	1	32
	SANTA CLARA FAMILY	0	2	0	0	0	22	0	0	4	0	1	84	1	14	0	0	0	0	0	0	0	0	0	0	0	128
	COUNTY TOTAL	0	2	0	0	0	33	0	0	5	0	2	99	3	15	0	0	0	0	0	0	0	0	0	0	1	160
STANISLAUS	BLUE CROSS (310 PLAN)	0	0	0	0	0	8	2	0	3	0	0	17	0	2	0	0	0	0	0	0	0	0	0	0	0	32
	HEALTH NET	0	0	0	0	0	3	0	0	0	0	4	20	0	13	0	0	0	0	0	0	0	0	0	0	0	40
	COUNTY TOTAL	0	0	0	0	0	11	2	0	3	0	4	37	0	15	0	0	0	0	0	0	0	0	0	0	0	72
TULARE	BLUE CROSS	0	0	0	0	0	27	0	0	0	0	0	5	1	0	0	0	0	0	0	0	0	0	0	0	0	33
	HEALTH NET	0	1	0	0	0	9	0	0	2	0	1	12	0	12	0	0	0	0	0	0	0	0	0	0	0	37
	COUNTY TOTAL	0	1	0	0	0	36	0	0	2	0	1	17	1	12	0	0	0	0	0	0	0	0	0	0	0	70
2 PLAN & GMC COUNTY TOTAL		5	68	7	0	67	1,031	11	0	55	0	47	1,541	193	521	0	0	0	0	0	0	0	0	0	0	31	3,577

**MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN**  
**ALL ACCEPTED MEDICAL EDERs**  
From 2/23/2006 - 3/24/2006

**MAXIMUS**

VOLUNTARY COUNTIES																											
COUNTY	PLAN NAME	REASONS																									
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL <sup>1</sup>
MARIN	KAISER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SONOMA	KAISER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VOLUNTARY COUNTY TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		5	68	7	0	67	1,031	11	0	55	0	47	1,541	193	521	0	0	0	0	0	0	0	0	0	0	31	3,577
<div><div><div>REASON CODE</div><div>E01 = Incarcerated E02 = Prior Care E03 = Enrolled Incorrectly Into a Plan E04 = Deceased E05 = Child Protective Services E06 = Foster Care/Adoption E07 = Problem Using HCP</div><div>E08 = Terminated By Plan E09 = Long Term Care E10 = CCS Not in a PCCM Contract E11 = Other Health Coverage E12 = Moved Out of County E13 = Pregnancy I01 = System Created</div><div>F01 = Could Not Choose Dr F02 = HP Did Not Meet Needs/Bene Pref. F03 = Dr Did Not Meet Bene Needs F04 = Too Far To Go F05 = Did Not Choose Plan F06 = Moving Out of County F09 = Other Reason</div><div>F10 = No Reason Checked X01 = Waiver Program Exempt X03 = Indian Health Coverage X04 = Medical Exempt</div></div></div>																											
Note 1: Two EDER transactions, that were an exemption with no reason, were processed, but not included in the total column for L.A. Care Health Plan in Los Angeles County. The transaction was processed correctly, however, it was not included in the total column because the disenrollment was entered for an exemption that expired prior to the data extraction date of 3/29/06 from MAXSTAR®.																											

**MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN**  
**ALL ACCEPTED MEDICAL EDERs**  
 From 2/23/2006 - 3/24/2006

**MAXIMUS**

<b>GMC MANDATORY DENTAL COUNTIES</b>																										
<b>COUNTY</b>	<b>PLAN NAME</b>	<b>REASONS</b>																								
		<b>E01</b>	<b>E02</b>	<b>E03</b>	<b>E04</b>	<b>E05</b>	<b>E06</b>	<b>E07</b>	<b>E08</b>	<b>E09</b>	<b>E10</b>	<b>E11</b>	<b>E12</b>	<b>I01</b>	<b>F01</b>	<b>F02</b>	<b>F03</b>	<b>F04</b>	<b>F05</b>	<b>F06</b>	<b>F09</b>	<b>F10</b>	<b>X01</b>	<b>X02</b>	<b>X03</b>	<b>TOTAL</b>
<b>SACRAMENTO</b>	<b>ACCESS DENTAL</b>	0	2	0	0	0	28	0	0	0	0	0	13	6	0	0	0	0	0	0	0	0	0	0	0	<b>49</b>
	<b>COMMUNITY DENTAL</b>	0	0	0	0	0	7	0	0	0	0	0	7	1	0	0	0	0	0	0	0	0	0	1	0	<b>16</b>
	<b>LIBERTY DENTAL</b>	0	0	0	0	0	6	0	0	0	0	0	12	3	0	0	0	0	0	0	0	0	0	0	0	<b>21</b>
	<b>WESTERN DENTAL</b>	0	1	0	0	0	42	0	0	0	0	0	26	2	0	0	0	0	0	0	0	0	0	0	0	<b>71</b>
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>83</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>58</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>157</b>
<b>GMC MANDATORY COUNTIES TOTAL</b>		<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>83</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>58</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>157</b>
<b>VOLUNTARY DENTAL COUNTIES</b>																										
<b>COUNTY</b>	<b>PLAN NAME</b>	<b>REASONS</b>																								
		<b>E01</b>	<b>E02</b>	<b>E03</b>	<b>E04</b>	<b>E05</b>	<b>E06</b>	<b>E07</b>	<b>E08</b>	<b>E09</b>	<b>E10</b>	<b>E11</b>	<b>E12</b>	<b>I01</b>	<b>F01</b>	<b>F02</b>	<b>F03</b>	<b>F04</b>	<b>F05</b>	<b>F06</b>	<b>F09</b>	<b>F10</b>	<b>X01</b>	<b>X02</b>	<b>X03</b>	<b>TOTAL</b>
<b>LOS ANGELES</b>	<b>ACCESS DENTAL</b>	0	0	0	0	0	13	0	0	0	0	0	22	15	0	0	0	0	0	0	0	0	0	0	0	<b>50</b>
	<b>AMERICAN HEALTH</b>	0	0	0	0	0	2	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	0	<b>7</b>
	<b>COMMUNITY DENTAL</b>	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	<b>2</b>
	<b>LIBERTY DENTAL</b>	0	0	0	0	0	1	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	<b>8</b>
	<b>SAFEGUARD DENTAL</b>	0	0	0	0	0	2	0	0	2	0	0	28	13	0	0	0	0	0	0	0	0	0	0	0	<b>45</b>
	<b>UNITED HEALTH</b>	0	1	0	0	0	10	0	0	0	0	0	6	3	0	0	0	0	0	0	0	0	0	0	0	<b>20</b>
	<b>UNIVERSAL CARE</b>	0	2	0	0	0	10	0	0	1	0	0	34	19	0	0	0	0	0	0	0	0	0	0	0	<b>66</b>
	<b>WESTERN DENTAL</b>	1	0	0	0	0	18	0	0	1	0	0	35	7	0	0	0	0	0	0	0	0	0	0	0	<b>62</b>
	<b>COUNTY TOTAL</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>56</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>136</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>260</b>
<b>RIVERSIDE</b>	<b>SAFEGUARD DENTAL</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	<b>WESTERN DENTAL</b>	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>1</b>
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>SAN BERNARDINO</b>	<b>SAFEGUARD DENTAL</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	<b>UNITED HEALTH</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	<b>WESTERN DENTAL</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>VOLUNTARY COUNTIES TOTAL</b>		<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>57</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>136</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>261</b>
<b>GRAND TOTAL</b>		<b>1</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>140</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>194</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>418</b>
<div> <div> <b>REASON CODE</b>  E01 = Incarcerated  E02 = Prior Care  E03 = Enrolled Incorrectly Into a Plan  E04 = Deceased  E05 = Child Protective Services  E06 = Foster Care/Adoption  E07 = Problem Using HCP  E08 = Terminated By Plan  E09 = Long Term Care  E10 = CCS Not in a PCCM Contract  E11 = Other Health Coverage  E12 = Moved Out of County  I01 = System Created  F01 = Could Not Choose Dr  F02 = HP Did Not Meet Needs/Bene Pref.  F03 = Dr Did Not Meet Bene Needs  F04 = Too Far To Go  F05 = Did Not Choose Plan  F06 = Moving Out of County  F09 = Other Reason  F10 = No Reason Checked  X01 = Waiver Program Exempt  X02 = Dental Exempt  X03 = Indian Health Coverage </div> </div>																										

Note 1: One EDER transaction, that was an exemption with no reason, was processed, but not included in the total column for Community Dental Services, Inc. in Sacramento County. The transaction was processed correctly, however, it was not included in the total column because the disenrollment was entered for an exemption that expired prior to the data extraction date of 3/29/06 from MAXSTAR®.

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# MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

2/23/2006 - 3/24/2006

EFFECTIVE 4/1/2006

MAXIMUS

## 2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS													TOTAL
		A	B	C	D	E	F	G	M	P	U	V	W	Y	
ALAMEDA	ALAMEDA ALLIANCE	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	1
CONTRA COSTA	BLUE CROSS	0	0	0	0	0	0	0	0	3	0	0	0	0	3
	CONTRA COSTA HEALTH	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	1	3	0	0	0	0	4
FRESNO	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	HEALTH NET	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
KERN	HEALTH NET	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	KERN FAMILY HEALTH	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	1	0	0	0	0	0	1
LOS ANGELES	HEALTH NET	2	0	3	4	2	1	1	1	23	0	0	0	0	37
	LA CARE	2	0	5	5	2	2	1	4	11	0	0	0	0	32
	COUNTY TOTAL	4	0	8	9	4	3	2	5	34	0	0	0	0	69
RIVERSIDE	INLAND EMPIRE HEALTH	0	0	1	0	0	0	0	0	3	0	0	0	0	4
	MOLINA	0	0	1	0	0	0	0	0	1	0	0	0	0	2
	COUNTY TOTAL	0	0	2	0	0	0	0	0	4	0	0	0	0	6
SACRAMENTO	BLUE CROSS (190 PLAN)	0	0	0	0	0	0	2	0	0	0	0	0	0	2
	CARE FIRST	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	HEALTH NET	0	0	0	0	0	0	0	0	2	0	0	0	0	2
	KAISER	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MOLINA	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	WESTERN ADVANTAGE	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	2	1	4	0	0	0	0	7
SAN BERNARDINO	INLAND EMPIRE	0	0	1	1	0	1	0	2	4	0	0	0	0	9
	MOLINA	0	0	0	0	0	0	1	1	3	0	0	0	0	5
	COUNTY TOTAL	0	0	1	1	0	1	1	3	7	0	0	0	0	14
SAN DIEGO	BLUE CROSS	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	CARE FIRST	1	0	0	0	0	0	0	0	1	0	0	0	0	2
	COMMUNITY HEALTH	0	0	0	0	0	1	0	2	0	0	0	0	0	3
	HEALTH NET	0	0	0	2	0	0	0	1	1	0	0	0	0	4
	KAISER	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MOLINA	0	0	2	0	1	0	0	1	1	0	0	0	0	5
	COUNTY TOTAL	2	0	2	2	1	1	0	4	3	0	0	0	0	15

# MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

2/23/2006 - 3/24/2006

EFFECTIVE 4/1/2006

MAXIMUS

## 2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS													TOTAL
		A	B	C	D	E	F	G	M	P	U	V	W	Y	
SAN FRANCISCO	BLUE CROSS	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	SAN FRANCISCO HLTH	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	1
SAN JOAQUIN	BLUE CROSS	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	SAN JOAQUIN HEALTH	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	1
SANTA CLARA	BLUE CROSS	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	SANTA CLARA FAMILY	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	COUNTY TOTAL	1	0	0	0	0	0	0	1	0	0	0	0	0	2
STANISLAUS	BLUE CROSS (310 PLAN)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	HEALTH NET	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TULARE	BLUE CROSS	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	HEALTH NET	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	1
TOTAL		7	0	14	12	5	5	5	16	58	0	0	0	0	122

### REASON CODE

A = Neurological Disorder  
B = Hematological Disorder  
C = Cancer Therapy  
D = Renal Dialysis  
E = Major Organ Transplant

F = HIV / AIDS  
G = Awaiting Surgery or Treatment  
M = Other Complex Medical Condition  
P = Pregnant

U = Waiver - AIDS  
V = Waiver - Model  
W = Waiver - IHMC  
Y = Waiver - SNF



**MSC-B-M29D DENTAL EXEMPTIONS SUMMARY**

**2/23/2006 - 3/24/2006**

EFFECTIVE 4/1/2006

**MAXIMUS**

2 PLAN & GMC COUNTIES								
COUNTY	PLAN NAME	REASONS						
		Regular Dental	Indian	Temp Exempt - Foster Care	Temp Exempt - Long Term Care	Temp Exempt - Moved Out of County	Other Dental	TOTAL
LOS ANGELES	ACCESS DENTAL	0	0	0	0	0	0	0
	AMERICAN HEALTH	0	0	0	0	0	0	0
	COMMUNITY DENTAL	0	0	0	0	0	0	0
	LIBERTY DENTAL	0	0	0	0	0	0	0
	SAFEGUARD DENTAL	0	0	0	0	0	0	0
	UNITED HEALTH PLAN	0	0	0	0	0	0	0
	UNIVERSAL CARE	0	0	0	0	0	0	0
	WESTERN DENTAL	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
RIVERSIDE	SAFEGUARD DENTAL	0	0	0	0	0	0	0
	WESTERN DENTAL	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
SACRAMENTO	ACCESS DENTAL	1	0	0	0	0	0	1
	COMMUNITY DENTAL	0	0	0	0	0	0	0
	LIBERTY DENTAL	1	0	0	0	0	0	1
	WESTERN DENTAL	0	0	0	0	0	0	0
	COUNTY TOTAL	2	0	0	0	0	0	2
SAN BERNARDINO	SAFEGUARD DENTAL	0	0	0	0	0	0	0
	UNITED HEALTH PLAN	0	0	0	0	0	0	0
	WESTERN DENTAL	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
TOTAL		2	0	0	0	0	0	2